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ESTD NEWSLETTER

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QUARTERLY QUOTE

"What is an I? Who am I? Is there such a thing? What do I consist of? Biology and medicine have taught us the name of the internal muscles and organs and drawn the path of cells and chromosomes, but where does the magic ingredient come from that says what selves are"

Valerie Sinason, 2012.

Anca Vilma Sabau

LETTER FROM THE PRESIDENT

Dear ESTD members,

A lot has happened in the last couple of months, the central event being our Biennial Conference held in Rome. It was the first time that the ESTD Conference was organized in a Latin country. This would normally bring up language difficulties but the warmth and hospitality of our Italian colleagues overcame the a legacy of spiritual search for and understanding of the human mind, as we can see ,for example, in the historical work of Micahel Angelo . The fresco in the Sistine Chapel is a symbol of the embodiment of human suffering and transformation making the city a congruent location for our event.

The theme of this year's Conference brought up very interesting and challenging presentations. There were new studies in neuroimaging presented by **Dr Benedetto Farina. Dr Ellert Nijenhuis** brought his complex work regarding enactive trauma therapy. This provided both a challenge and a way of understanding this phenomenon.

Starting the Conference, the well-known Italian philosopher **Michela Marzano**, introduced her personal and professional journey on the fragility of human existence, a very touching and intriguing lecture. The next morning **Kathy Steele**, in a compassionate and truthful presentation accompanied us through the Developmental Journey of the Trauma Therapist.

On Friday, Dr **Martin Dorahy** presented his latest research regarding inter-identity amnesia, voice hearing and shame raising which evoked many responses from the audience.

Preceding the conference, there were four very interesting workshops held, having as presenters such well-known trainers as Renee Marks, Anabel Gonzalez, Luca Ostacoli and the collaborative presentation of Kathy Steele, Suzette Boon and Dolores Mosquera. Meanwhile we had the ESTD Board Meeting where we analyzed the financial situation; we discussed the strategies in short and long term for developing the Society . We also held two important strategic meetings, the first one with **Isabel Fernandez**, the EMDR Europe President and **Christine Forner**, the ISSTD President. We looked for new ways to strengthen our good collaboration as we all hope to develop bridges for our working communities and to find new ways to encourage those who are starting on their path as trauma therapists as well those involved in research. In the second and third day of the Conference, we had the Annual General Meeting where the Board get the chance to exchange direct information with the present members and on the following day, we had the Country Representative Meeting where we discussed plans and challenges which are encountered in each country.

With regard to our plans for the future , next year the ESTD regional Conference will be in Katowice, Poland, with the support of our ESTD colleagues Igor Pietkiewicz and Radek Tomalski and the next Biennial ESTD Conference will be organized in Manchester UK (2021) and will be organised together with our ESTD UK branch.

Many thanks for all the ESTD Board and to our AISTED Italian Colleagues for their efforts in creating this successful event. Best wishes to you all and Happy Holiday time!

Anca Vilma Sabau, MD
President, ESTD

EXPLORING THE POLITICS OF TRAUMA STUDIES – THE CASE OF WOMEN IN COMBAT

By: Shir Daphna-Tekoah & Ayelet Harel-Shalev

Wars, combat, and the attendant political developments triggered the study of trauma. The study of trauma started by examining the exposure of men to combat experiences. The resulting body of work was later complemented by studies of the trauma of women and children as abused victims. Current knowledge about trauma, therefore, stems from studies on combat men and victim women. Particularly in the era of the #MeToo campaign and its backlash, we call for critical thinking about trauma and suggest engagement with a variety of women's narratives of war trauma. Trauma is a bio-psycho-social experience (Nijenhuis & Van der Hart 2011), in which the traumatic event exacts a toll on both the body and the mind, within a specific social and political context. The

legendary feminist scholar Judith Herman (1992) holds that the systematic study of psychological trauma was initiated as a result of the evolvement of political movements and political events. She put forward the idea that political developments are interrelated with the development of the field of psychology. Herman further reflected that the study of war trauma gained momentum and advanced rapidly only after the growth of antiwar movements, particularly during the Vietnam War. Similarly, the study of trauma in sexual and domestic life intensified only after human rights and feminist women's rights movements brought this topic to global awareness. The gradual opening of combat roles to women in the past two decades was also initiated by struggle of various feminist political movements. Yet, to date, studies on the psychological trauma of combatants have focused mainly on the experiences of men. Moreover, rather than incorporating combat trauma of women into the mainstream of trauma studies, studies on women combatants' trauma have still mainly related to sexual assault and its affects, thereby relegating women to the victim or 'powerless' categories.

As Critical Scholars, we suggest moving forward from the traditional realms of the study of trauma, and offering different means to study trauma in the context of war and combat, in a way that moves beyond interpersonal trauma (Daphna-Tekoah & Harel-Shalev, 2017). We follow critical studies of security and in-security, that conceptualizing that war and conflict should include the analysis of war as a subset of social relations of experiences, investigating underlying political hierarchies and exposing power relations within a militarist patriarchal structure, along with interpersonal experiences (Enloe, 2000). In following this path, we suggest an additional critical perspective on the study of trauma and combat trauma.

A deeper understanding of trauma and women combatants' trauma is thus urgently needed. We believe that listening to women combatants who have experienced traumatic events in combat may serve to enhance our understanding of women exposed to trauma not as victims of abuse but rather as capable actors. Since women combatants are exposed to experiences that are similar to those of men combatants in war zones, there is a need to examine an additional perspective on trauma and women, one that focuses on women as independent actors who have, by the very nature of their roles in the military, experienced potentially traumatic events, while struggling to integrate into the military hierarchy (Harel-Shalev & Daphna-Tekoah, 2016, 2020).

In describing their war experiences, the women combat soldiers interviewed by us have described wide-ranging and detailed experiences in warzones—the intertwining of the emotional and the physical and the influence of combat trauma on their lives. Women who enter combat roles have to cope with many difficulties, both physical and mental, deriving from their exposure to life-threatening events, to death, and to other potentially traumatic events. In parallel, they struggle to prove themselves in a masculine environment. Some of them do indeed face sexual harassment. Yet, these combat women should not be regarded as a homogeneous group, as they experienced life-threatening events differently: their reactions to the trauma in the battlefield varied, as did their functioning in the battlefield and in danger zones.

Women experience war-related trauma not only as victims of war. Rather, women combatants and women in combat support roles, who are actively involved in both offensive and defensive military operations and are caught within traumatic circumstances, experience trauma as their own lives are endangered, as they witness serious injury, violence and death, and as they participate in combat in all that it entails. War and combat affect all aspects of a person's being (Scaer, 2014; Van der Hart, 2019). As such, soldiers facing traumatic events may experience breaking points (Nijenhuis & Van der Hart, 2011), but, like their civilian counterparts, they do not necessarily become psychologically traumatized or develop PTSD. The experiences of the women combatants interviewed by us were varied, but their responses

to the abnormal reality of danger zones and war were adaptive and reflected their behaviors within a patriarchal environment and a hierarchic institution. In addition to sharing with us their traumatic experiences during their service, the women veterans also shared with us the thoughts that accompanied them after their military service. Yet, remembering traumatic events did not automatically imply that they were suffering from PTSD. Rather, the remembering reflects the simple fact of their humanity.

Instead of moving directly to symptoms of distress, PTSD and psychopathology (Dickstein et al., 2014), we suggest that therapists and scholars focus on detailed descriptions of traumatic experiences. In fact, focusing solely on PTSD to describe soldiers' suffering from does not do justice to the complexity of what actually ails them (Van der Kolk et al., 2012, p. 16). Some of the combat women interviewed were indeed concerned that they would be labeled as veterans with PTSD, since they could not recall parts of their military experiences. There is a danger, however, of conflating PTSD with trauma and focusing exclusively on the former.

Some soldiers indicated that to keep functioning during operations, they needed to remain detached. One of the interviewees reported experiences of her military service emphasize the need to be "disconnected." She explained: "When I conducted my missions in the operations room, I was completely 'disconnected.' During the work in the operations room, I would not listen to my body and what it needed, because I was required not to do so and also because there were too many emotions going on." Embodied practices of war involve training and disciplining through which the soldier's skills are built (McSorley, 2013), including training the body to endure stress, pain and injury (Woodward & Jenkings, 2013). Moreover, the military environment of combat expects soldiers to function in highly stressful situations, while setting aside emotions and overcoming difficulties. The interviewee mentioned that did not 'listen' to her body in the process of making war, since she was trained to repress her body's needs for the sake of 'national security.' The traumatic experiences that armed conflict entails therefore push soldiers to be detached in order to function.

Another interviewee that served as an operations sergeant, mentioned "I had some horrible shifts in that operations room. …there was a time when all the biggest incidents happened to us. However, when it happened… you detach yourself. You detach yourself not from emotions but from processing what happens. You just do your work, 'so now let's do this and this and that' and you don't really understand what has happened until you have a break. Afterwards, you digest and understand what happened."

Additional example of another interviewee emphasizes the need to re-connect with one's feelings and emotions after the violent incident was over. The need to cry, for example, surfaced after the mission had been accomplished. She said: "During an incident, if you understand exactly what is happening, then you won't be able [to function]… it doesn't matter if there's a terrorist on his/her way to the base, it doesn't matter if you're waiting for a helicopter to come to rescue a wounded soldier who is nearly dying, it doesn't matter what happens… you have to be detached. After the shift, you can cry all you want.… "

By exploring the experiences of combatants in the military, we can learn more about gendered practices. The military environment causes soldiers – both men and women – to feel that they should repress their emotions (Ritov & Barnetz, 2014), and this practice is considered to be 'normal' in military institutional practice (Kronsell, 2005). Van der Kolk et al. (2012) claim that as long as memories of the trauma remain detached and perhaps dissociated, they might be expressed as psychiatric symptoms that will interfere with proper functioning in the future. Therefore, helping people to avoid talking about traumatic experiences is not likely to resolve the effects of the trauma on their lives. Nevertheless, our findings hint that there is a need to study trauma and war in particular contexts: (a) One should understand detachment during combat

as a means to function under extreme stress; (b) one should reflect on the costs of this detachment and it consequences; and if one wants to move to the social and political realms, then (c) one should analyze 'political detachment' during war, one that ignores the narrative of the 'other side of the conflict'.

One should remember that the study of trauma should not be disconnected from social-cultural processes and political critique. Although more and more combat positions have been opened to women in the past two decades, the heated debate as to suitability of women for combat continues to rage. Yet, studies of women's trauma in the context of armed conflicts and wars have been often confined to a number of specific topics, namely, sexual harassment of women soldiers during their military service; war widows and orphans; secondary traumatization of female spouses of combatants; the effects of being in proximity to a war zone; and sexual crimes and rape against civilian women in conflict zones.

Within this context, we suggest that the study of women's trauma should include more studies on the combat trauma of women in the battlefield and in warzones. To learn more about the nature of trauma among women, there is a need to study various narratives of the women, not merely as victims or of women standing by their men but as active participants in making war. For instance, one should compare women who have experienced combat trauma with women who have experienced sexual assaults. In addition, one should explore moral injury after the military service of women combatants. We suggest that women combatants and veterans who have participated in various ethno-national struggles and wars deserve much greater attention in the research of trauma.

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a report on the 7th BIENNIAL ESTD CONFERENCE

October 24.-26., 2019 In Rome, Italy

Valerie Sinason, PhD

At a time of national and international fragmentation it was a delight that the ESTD 2019 Biennial Conference was held in Rome, where everyone could feel part of the great early civilisation and feel that all roads lead to Rome. For some of those from the U.K. the conference offered a relief from the issue of the Brexit and for some of those from the USA respite from the current debate surrounding Trump. It was also of note that there were groups from the ISSTD, groups from ESTD U.K., those who belonged to all those organisations, as well as colleagues from Eastern Europe and even from as far away as Japan. Embedded in the warmth, hospitality and good organisation of the conference there was a palpable sense of belonging by way of finding ourselves with colleagues from all over the world who share a concern about trauma and dissociation.

The conference offered a rich array of topics from a multitude of speakers. Starting off with five different pre-conference workshops to choose from on Thursday, the conference consisted of 10 parallel sessions in five time slots over the Saturday and Sunday interspersed by high-quality keynote plenary sessions.

Michela Marzano, PhD, an Italian philosopher who lives and works in Paris gave the first keynote on Thursday. She is Professor of moral philosophy at the 'Université Paris Descartes', and studied at the 'Scuola Normale Superiore' in Pisa, where she graduated in philosophy. The important choice of her as preliminary plenary speaker heralded a cultural international shift in which the voices of survivor professionals, experts through lived experience, are being heard (as with First person Plural and D.Howard). She needed to move from Italy to France to avoid her original mother tongue as she needed a new language home. In a poignant way she emphasised the difference between Being and Having to Be, the difference we all need to be aware of in our work. She emphasised that it took her over a decade of psychoanalysis before one morning she woke up, her anxiety had gone, and she wanted to live. She stressed the importance of really listening and giving dignity.

Kathy Steele gave a universal keynote speech with all the wisdom our senior therapists have. Wisdom relevant to all levels of work. She received a huge ovation. It was not that she gave new information, although her conceptualising is always a delight, but that she reminded us with humour and poetry where we were and how it affected us. She spoke from her heart. She spoke of how our patients are with us not only in our minds but our bodies. The "sitting disease" affects our minds and bodies. Our still bodies sit with patients who are trying to disembody – how hard it is to hold that and to be able to let go.
With her decades of experience, now, when she hears a young person is keen on trauma therapy, the first thing she feels is: "Oh no!" In this demanding work our hearts are both diminished and expanded. This is the central paradox and mystery: We are supposed to remain non-defensive in the face of rejections, hatred, ridicule and vicious blame. We are supposed to remain balanced in the face of a black and white world. We have to bear witness to shattered lives without rescuing or being hopeless. We are supposed to empower the client rather than doing. The more we try and avoid the pain the more we suffer. The more we work with it the less suffering.

Embodied suffering impacts sense of self, agency and dignity - without hope, reflective awareness, no mindfulness. The therapist's wish to rescue is when we can't tolerate our distress. Embodied self, on the other hand, means accepting a shared reality, which enables meaning making: I can be with this client even though I realise what cannot be changed, I can care for and balance myself, hold realistic hope of some progress. Embodied suffering is content orientated whilst embodied self is process. We help the patient move to an embodied self if we deal with our own sense of urgency in the face of the client's suffering. Dr Steele spoke of three stages of therapist life. The new therapist is both uncertain and too certain, holds back and goes too fast, is content- rather than process-oriented but also warm, energetic and lively. In the Middle stage of our life as a therapist we are more comfortable yet more aware of limitations of therapy. We often have our first burnout and it is inevitable and developmental to burn out.

In our final stages as therapists we are still eager to learn, more aware of what we don't know, personally and professionally more congruent, flexible without losing boundaries, aware of our own existential issues.

A crucible is a tester that forces us to change and, in this work, the controversy of it and the relational aspects are crucibles which test us. Kathy spoke of Relentless Hope when "helping you hurts me" and Attachment Bondage where we feel compelled to continue with a client even though it is not working because we wrongly believe if only we are there enough, change will happen. Being there predictably is important - rather than being afraid of our client's reaction.

The Organizing Committee: Anca Sabau, Giovanni Tagliavini

Martin Dorahy, Benedetto Farina, and Ellert R.S. Nijenhuis were the other keynote speakers at this conference who all contributed immensely valuable wisdom from their respective fields of expertise.
Martin Dorahy shared his extensive research and clinical experience in working with shame and introduced his research on inter-identity amnesia which carried, as does all his work, an impressive clinical respect and compassion.

Benedetto Farina addressed the concept of dissociation vs dis-integration, describing their respective specifics, how they interrelate, gracefully highlighting therapeutic implications on how differentiating between the two is beneficial for our clinical choices.

Ellert R.S. Nijenhuis showed in a powerful and deceptively clear speech how he, as an enactive trauma therapist, enters the world of his patients, so it becomes shared. He showed, drawing from his love of Spinoza, how we are all organisms and that patients with DID are longing and striving organisms and how we need to hold onto curiosity to relate to the patient.

Apart from these plenary speakers Colin Ross' riveting workshop showed how, in a Hospital setting with very ill patients he calms down the melodrama that can accompany some of this work by his careful focus on process more than content. He has worked for decades with all levels of seriousness of DID. 5% of his sample report satanic abuse and a further small sample report mind control. He sees these as an important subgroup with the most disturbed systems. He demonstrated an empathic calm neutrality giving plenty of clinical examples. For example, when an alter thinks it is 1972 ask them to check out the date for themselves.

Dr Rainer Kurtz, D. Howard and Ellen Lacter offered a powerful series of presentations with an expert from lived experience, D.Howard, speaking of his therapeutic model. Dr Rainer Kurtz displaying worrying facts that had not been investigated and Dr Ellen Lacter, by video, providing a reflective and harrowing talk on victim perpetrators - those coerced by torture, criminal terrorisation, and manipulation.

The child work was well represented including Aria Struik and a preconference by Renée Potgeiter

Marks. My own subject of disability and dissociation had a very small turnout but gave me the benefit of hearing from Italian colleagues I would not have otherwise met, and who had to speak in English too! Dr Gaia Poloni, Dr S.Ugolini and Dr Fantinati. Dolores Mosquera gave a clear and powerful talk on her new book Working with voices and dissociative parts. A trauma-informed approach" which was reviewed in the last issue of he Newsletter. However, I regret the presentations I missed because of the sheer number of wonderful work at parallel times… I guess, this is an inevitable regret after a good conference.

The conference is to hold its next meeting in Manchester, UK, in 2021. I very much recommend for all to come and be a part in this rich and meaningful experience.

"No man is an island"-a brief review of the attachment and trauma congress in london. 15-16-17th November

RELATIONSHIPS, CONSCIOUSNESS AND THE DEVELOPING SELF

By: Michel Lahaye

Allow me to first share with you a personal story, before diving into this brief review. About a year ago, I went to a congress on eating disorders and trauma. After a warm welcome, the psychiatrist responsible for the unit, told the audience that she was both excited and curious about the upcoming day. "Mainly because …", she said, "only a small number of patients on her unit had witnessed trauma".

This common misconception - defining trauma solely as a consequence of one or more discrete events in the life of a person - is still a strongly held belief amongst a significant number of mental health professionals. However, what is often described by our clients as being the worst part, is

not necessarily what did happen, but what did not happen: the pain of not being seen, the deafening silence of not being heard. The lack of being cared for, protected or loved.

How can we work with this often "unseen" population that suffered not only horrible events, but also horrible relationships that left them bereft, deprived them of their sense of Self and the ability to connect? How do we help our clients solve the paradox of healing: to teach them to relate again to another human being, after this trust has been deeply damaged?

To help us with these important questions, the organizers from ISC put together a wonderful program with several of the world's most renowned speakers in the field. The result was a "multi-perspective" (Onno Van der Hart) view on the consequence of severe, interpersonal wounding on the Self.

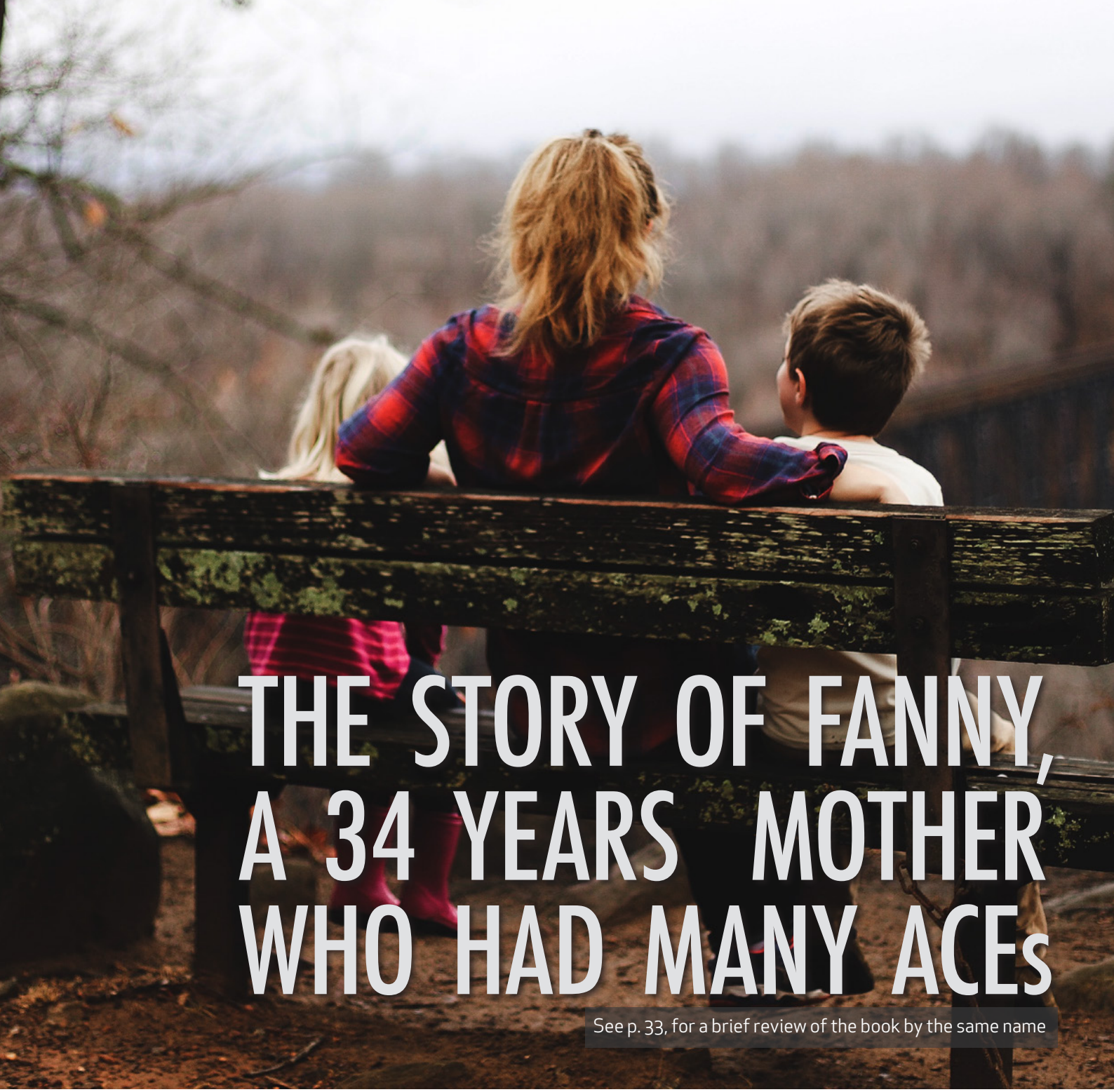
During the first day, Marco Iacoboni, introduced us to his own research and new findings on the topic of mirror neurons. Orit Badouk Epstein talked us through her clinical work with a client with complex trauma . A moving account of a client who suffered intensely from the enmeshment with her 'scaregivers' and showed us a "polyphonic" approach to the treatment of severe relational traumatization. Bruce Ecker explained to us, step by step, the transformational process of memory reconsolidation, using a videotaped session of a real client suffering from a "black hole of non-existence". This client's symptoms were relieved after integrating important early attachment disruptions with her mother who frequently denied having shared moments with her daughter, leaving her unseen and utterly alone. Daniel P Brown concluded the day with a thorough explanation of his research on disorganized attachment and, more specifically, on his 3 pillars of attachment-based treatment. Dan showed us the steps to create an internal ideal parent figure, to raise metacognition and to engage clients in more collaborative behavior. On the second day, Peter Fonagy gave a compelling lecture on the importance of interpersonal relationships and the development of consciousness. Fonagy masterfully explained how epistemic mistrust lies at the core of suffering and also shared some very helpful statements about the different types of shame. Stephen Porges gave us a brief introduction to Polyvagal theory and discussed a fascinating, auditory intervention using filtered music to reboot the Social Engagement System: the newest – myelinated - branch of the vagus nerve that can down-regulate our clients fight/flight and freeze responses and make them re-connect again. Alessandro Carmelita and Marina Cirio proposed a whole new way of working with attachment. Building on the work of decades of attachment research, these speakers from Italy proposed an interesting approach of working with a real physical mirror in therapy. What I found especially moving was the reaction of the client in the last part of the video: "It feels as if I have known you for a long time". An interesting example of what Peter Fonagy would describe as the powerful experience of the awareness of the awareness of the other? Finally, Marilyn Glenville showed us the importance of nutrition in the treatment of complex trauma. By carefully supplementing and changing eating behaviors, symptoms can lessen and further damage from stressors on the body can be greatly reduced.

On the last day Ruth Lanius not only showed us a list of fascinating, neuroscientific research, she also taught us how to manage complex clinical situations in the treatment of trauma, centered around five crucial dimensions: time, thought, body, emotion and self. Ruth finally made the important remark that treatments should be tailored to the individual: what works, for whom and when? Onno van der Hart presented his work about working with severe attachment trauma in complex dissociation. He explained masterfully how to relate with the client and her/ his different parts of self and how to develop a collaborative relationship between them. I very much liked the idea of looking for caregiving qualities that already exist in certain parts of the client's self system. The last speaker of the congress, Pat Odgen, shared an intriguing video session of a couple in therapy, using moment-

by-moment mindfulness of the 'somatic dialogue': the wordless story told through the exchange of non-conscious body signals.

To conclude: the Attachment and Trauma Congress in London was well worth the trip. Besides the quality line-up of speakers, I very much appreciated the panel discussions at the end of each day. It was enriching to see how all of these different minds could easily find common ground in their approaches to provide good care and treatment for severely traumatized clients. And finally, there was the opportunity to make informal connections with other colleagues from around the globe (often combined with too much coffee) that made it even more worthwhile. Thanks to ISC for this beautiful congress and thank you to my colleagues for this wonderful learning experience.

PS: Did I make you curious? Good. This means that your social engagement system is online. More information about the speakers, topics or ISC-International in general can be find on this website: https://uk.international-isc.com/



THE STORY OF FANNY, A 34 YEARS MOTHER WHO HAD MANY ACEs

See p. 33, for a brief review of the book by the same name

By: Marjo Ruismaki

Fanny is a mother living with her husband and their two small children, a 6-year old daughter and an 8 year old boy. She was referred to the group by her individual psychotherapist. She works part-time and says that she is very depressed, lacks joy in her life, has a hard time coping with her kids and finds them demanding and annoying. She feels they are a burden to her and cannot tolerate playing with them. She is exhausted during the daytime, postpones going to bed and has nightmares. She also has some suicidal thoughts and feels alienated from her family and friends. In the assessment interview she scored high on somatoform, dissociative and CPTSD-symptoms.

In her childhood Funny suffered emotional neglect, emotional unavailablity and withdrawal from her mother. She witnessed her father's physical violence towards her mother. Her parents have had financial difficulties for as long as she can recall, living just above the poverty line, and her mother was depressed after her birth. From the age of 9, she took care after her younger siblings since her parents were heavy drinkers. When they got divorced she stayed with her mother. As a teenager she was sexually abused by her father-in-law. She was bullied in elementary school and was called "lazy and mean" by her teacher who thought she had concentration problems and learning difficulties.

She wanted to attend the 'Daring to Care Group' in order to gain more understanding about her difficulties of being with her own children. Her main goal is to learn how to regulate her feelings; how to avoid yelling at her children; how to express anger in a constructive way; and how to cope with the kids when they are crying and needy or asking for help. She suffers immensely from being so impatient, she shouts and wants to be left on her own in the house whenever her children are around. She recognizes guilt feelings, which make her think that she is damaging to her children. The mornings are particularly difficult, she is tired and it takes her forever to get the kids out of the house. Often after crying and shouting she is left feeling a deep sense of guilt and shame. She says she often gets triggered just by her children asking for a cup of water or wanting her to read them a bedtime story or just when they make a lot of noise in the house. She says it is difficult to teach her children to cope with disappointments and feelings when she does not even know herself how to talk about feelings or be able to regulate them.

In her group feedback, she commented that she benefitted a lot from sharing her difficulties with other traumatized mothers while not feeling like an odd duck on the pond. She reported feeling understood and supported by the other mothers. It has been useful for her to hear from other participants with older children how they had coped with their problems, especially with teenagers. She mentioned themes deals with beliefs (not trusting anybody, a sense of worthlessness). She learnt to mentalize and recognise trauma triggers in her own parenting.; (needy, tired, and crying kids) and found psycho-education of typical parenting challenges useful for herself. She said that she had learnt how to take care of herself a bit better without self blame as being a bad mother. She was more able to calm herself down and watch her children's "theatre-plays" at home. This gave her joy!

SNAPSHOT: WHAT DO CHILDREN SAY ABOUT DISSOCIATION?

By: Renée P Marks

Whilst the vast majority of professionals are still debating whether dissociation in children exists, hundreds of child therapists across the world are working with children, treating them for clinical levels of dissociation and dissociative disorders.

8 year old Stanley tried to explain his internal experiences of dissociation, while he was trying to draw his brain at the request of his therapist:

"It is kind of like telephone lines, no, like blocks…… Now they are getting bigger, it is hard to tell you…….. They get in the way when I want to play, they just get bigger, it feels that my head is going to explode.

Sometimes they talk, they say things that are really angry, it hurts my head, it feels that they are going to pop out of my skin. The voices keep on shouting in my head. I cannot hear my teacher".

The drawing which emerged to illustrate these internal experiences was a very condensed scribble!

11-year old Jane, describes her internal experiences as follows:
"When "Small" is there I am not there and then I want to help her but cannot help her as I am not there. I just know I am not there; she is there. When I am there, I can't help her because I cannot bounce into her".
"We are in the same room, but it is like we are in two different periods of time. "It is like we are in the same room, but there is a brick wall between us, but we cannot see each other.
I have to sing a couple of songs, when she is on the bed and I am in the corner. Then when we sing then I go on the bed and she goes away and then we swop again from time to time. Small always feels the same, she comes and goes".

Cassey, 15 years describes her dissociative experiences as follows:
"It feels like being in a bubble, it does not feel like real life. Also, you feel like a puppet, I think it is in your subconscious what you are doing but not in your conscious, so it feels that someone is controlling you. You know what you are doing, but you cannot stop it. It makes you feel really helpless. You switch off. When you switch back on, you kind of know what you have done, but you don't know, you are kind of confused, more than anything".

Each one of these children has something in common. They all feel confused at times; they lose contact with reality while struggling to manage powerful internal experiences. Dissociative children do not have any control over these experiences. Most of all, somewhere in these dissociative experiences, there is a very high level of helplessness. The children report it is happening 'to them' rather than they choose it or want it or seek it – "it comes and goes".

Children usually do not know what the triggers for these experiences are. What a predicament! Children are usually only able to express their internal experiences once they are in therapy and are able to draw and explain the usually perceived 'fantastical experiences'. The rest of the time, the children can but only express their internal distress through significant emotional and behavioral problems. These are usually met with behavioral modification, punishment and sanctions. All of which, of course, in the long term has no effect on the dissociative child. It only serves to leave the child with an increasing sense of shame, hopelessness and worthlessness.

SOUTH PARK TAKES JENNIFER FREYD'S 'DARVO' TO A WHOLE NEW LEVEL

By: Valerie Sinason

The American animated television sitcom, South Park, draws nearly a million viewers per episode, with many millions around the world regularly watching the sometimes controversial show. It is the most popular TV show since 1997. Matt Stone and Trey Parker started South Park in 1997 and over two decades later it retains its sharp comedic edge. As with all great satire it offends with great egalitarianism! Almost every religion has been affronted and the writers state they will mock with equality. There is no timorous political correctness here. Unsurprisingly, despite children being riveted by the edgy humour, censoring bodies actively restrict it to late teens or adults around the world.

Against this, how many people read an academic paper? Whilst over a million papers are published each year in 28,000 journals, the number actively read and cited gets smaller each year.

This means that one episode of South Park gets as many viewers as all academic papers in all journals over a year!

So, what happens when a major concept by a leading academic actually gets incorporated into a South Park episode?

Amazingly, Professor Jennifer Freyd's seminal DARVO concept has made it into South Park accurately and to shocking powerful effect.

DARVO refers to a reaction that perpetrators of wrong doing, particularly sexual offenders, may display in response to being held accountable for their behavior. DARVO stands for "Deny, Attack, and Reverse Victim and Offender." It occurs, for example, when an actually guilty perpetrator assumes the role of "falsely accused" and attacks the accuser's credibility and blames the accuser of being the perpetrator of a false accusation.

There are numerous examples around to world to illustrate that DARVO is the 'go-to' response by those accused of wrong-doing, including child abuse, even when evidence is heavily against them. It is disturbingly effective.

In the South Park episode "Season Finale" Randy phones the President to tell him he is in prison for doing something illegal and there is video evidence. The President asks if he told everyone he didn't do anything wrong and then asks if he went on the attack. He then gives a lesson in DARVO, including some role-plays!

This article is not intended to be any comment on the American President, and it is noted that South Park is famous for caricatures of political leaders of all persuasions. Instead this is of interest as we are now in an historical period where a cartoon President giving a lesson in DARVO carries more political power and chance of change than any other means!

Watch a short clip of the episode here: https://www.youtube.com/watch?v=4Jd3Ml7YsDk

For more about DARVO research: https://dynamic.uoregon.edu/jjf/defineDARVO.html
Congratulations to Jennifer Frey and South Park!

Book review by: Winja Buss

Trauma & Gewalt Themenheft Organisierte und Rituelle Gewalt

Year 13, issue 2, May 2019
Edited by Günther H. Seidler,
Heide Glaesmer, Silke B. Gahleitner

The German-language journal "Trauma & Violence - Special Issue Organized and Ritual Abuse" includes eight articles by 10 experts on organized and ritual abuse.

Wolfgang U. Eckart starts off with a commentary on current affairs, outlining the development of sexual abuse within the Catholic Church, how widespread the problem is and how it is commonly accepted as a painful truth at last.

Claudia Igney summarizes the history of working with victims of organized and ritual abuse in Germany from the 1990s to today. She highlights how perpetrator groups committing organized and ritual abuse are most often involved in child pornography and child trafficking and how helpers working with this population have tried to call attention to their client's specific needs - which still haven't been answered sufficiently. Igney outlines the way in which different associations and helper-groups have worked with either victims of trafficking or victims of ritual abuse even though both overlap vastly. She offers definitions of key terms like "organized and ritual abuse", and "programming" as a basis for the ongoing debate. She goes on to describe the way the German state has begun to deal with the problem of organized and ritual abuse, including an overview of an infamous contemporary court case of a mother who sold her son to be raped online and the shocked reactions this elicited from many. Igney then outlines the current status of the German Victims Compensation Act and how its imminent revision still leaves too much to be wanting with regards to the specific requirements of victims of organized and ritual abuse. She concludes with a summary of what is lacking in the current care of victims of organized and ritual abuse, including specific training, validation and basic acknowledgement of the problem in official institutions as well as coverage for sufficient therapeutic and multiprofessional care.
Igney's article is an impressive thorough summary of the history and current situation of victims of organized and ritual abuse and their helpers.

Susanne Nick, Johanna Schröder, Peer Bricken and Hertha Richter-Appelt focus in their article on the needs of professional helpers who work with victims of organized and ritual abuse.

They introduce a study they conducted at the university hospital in Hamburg, in which they asked professional helpers about their qualifications,

their practical experiences and the stress they experienced themselves in working with this population. The authors' study yields a range of important results. For instance, 77% of the study participants report being stressed by this work and 21,3% report having experienced personal attacks and threats directly linked to them treating victims of organized and ritual abuse. More than half (51,4%) took some form of action to protect themselves. Still, 81,6% did not fulfil criteria for secondary trauma. Maybe because the majority of participants reported specific qualifications and training in the field of trauma and dissociation. Interestingly, participants listed experiences with supervisors who were not trained in working with the issue of organized and ritual abuse as unhelpful, reporting supervisors to be overwhelmed, unbelieving and dismissing. The authors conclude by emphasizing the importance of including the work with organized and ritual abuse victims in standard training, professional societies and supervision.

Claudia Fliss adds an article on the specifics of treating victims of organized and ritual abuse in trauma therapy. She starts by describing the reality of children growing up in perpetrator groups and how they experience specific manipulations and mind control leading to structural dissociation. She outlines the way these perpetrator groups infiltrate almost every area of the child's life, including experiences with therapists and doctors, so that a safe place is nowhere to be had. She goes on to outline how these experiences lead to dissociative identity disorder and the way these patients relate in therapy and the intense and deeply ingrained issues with trusting anyone they need to have and how that impacts the therapeutic alliance.
Fliss highlights the importance of knowing about the way mind control works and how it affects and manipulates experiences with trust, attachment, hope, joy, rage, rivalry, jealousy, punishment and most of all betrayal. She also makes the point that most perpetrator groups also work with coerced perpetration by forcing children to commit violent acts. She goes on to outline diagnostic pitfalls, stating that we don't have any validated diagnostic instruments but can only use our clinical expertise. Fliss lists a number of specific features that point to a background of organized and ritual abuse.
She then describes a model of internal system structures she has developed. Fliss' model differentiates between different emotions (love, fear, sadness and anger), and the inside personalities that are allocated to these emotions. For instance, inside personalities in the realm of "fear" are victim-personalities who show conforming and acquiescing behavior. These inside personalities might report to the perpetrators for fear and obedience. Fliss uses the metaphor of a tree with four branches that stands for the basic emotions while the trunk represents the core and first split. At any fork we can find "junction-personalities", who are especially important for therapeutic work. Fliss illustrates her ideas with many practical examples.

She goes on to talk about issues in therapy, highlighting the fact that many victims of organized and ritual abuse (respectively their everyday personality that first comes into therapy) are either not aware of this background at all or not aware of the ongoing contact to the perpetrator group. Fliss emphasizes the importance of internal communication among dissociated parts and how this is a major therapeutic challenge. She states that most victims are not prepared to tackle the brutal challenge of cutting off all access to perpetrators.
She concludes by highlighting the importance of self-care for therapists and recommends networking with like-minded colleagues.

Thorsten Becker and Martin Kühn offer an important article on the challenge ritual abuse poses for the field of trauma informed care.
As one of the only countries (known to this writer), Germany has a certified training for Trauma Informed Care and Counselling for professionals working with children and adolescents. "Traumapädagogik" (trauma pedagogy) has become a huge field clinically as well as in research and conceptual work and covers a lot of the specialized care needed for traumatized populations. One of the main concepts is the "Pedagogy of the Safe Place", and Becker & Kühn question whether a

safe place in youth welfare is possible for victims of organized and ritual abuse. Kühn's concept of the "safe place triad" conceptualizes a triad that consists of the professional helpers, the institution and the client. In their article the authors address each element of this triad: Professionals need more specific knowledge and coping strategies for emergency situations. Clients will often experience youth state care as hostile and have many coping strategies that are not compatible with requirements. The institutions are usually not equipped to support their employees sufficiently in the challenging work with these kids. In addition, most of them have exclusion criteria that lead to repeated terminations and kids being transferred from one institution to the next.

Another core concept is the concept of Self-Empowerment by Wilma Weiß. The authors state that self-empowerment is difficult given structural dissociation and especially given organized and ritual abuse. They also pick up on another main concept, namely the concept of the Good Reason, saying that finding a good reason that leads to certain behavior can become very difficult when the client has been extremely manipulated and fragmented so that they behave with great contradictions and seemingly psychotic symptoms. The authors emphasize the necessity of a multidisciplinary network of interventions to help kids in these situations. In conclusion they outline some basic trauma informed care interventions in adaption to victims of organized and ritual abuse.

Next is an interview of one of the editors, Silke B. Gahleitner, with Ingrid Wild-Lüffe and Sabine Weber about a peer counselling service for victims of organized abuse and ritual abuse who want to leave perpetrator groups. Both work for the Trauma Help Centre Munich, Ingrid Wild-Lüffe being a board member and psychotherapist, Sabine Weber being a survivor of organized and ritual abuse and trauma counselor.

The center's counseling service is based on a peer-counseling concept, is low-threshold and anonymous. The authors talk about how this service was developed. The center slowly and with trepidation at first, started to think about offering this service. Before, counseling was provided only by highly qualified professionals, for many it was a leap to consider letting a peer offer counseling to other victims. Especially within the field of organized and ritual abuse, they worried the peer counselor might unbeknownst still have perpetrator loyal insiders that might influence victims. On the other hand, many victims expressed their strong desire to talk to someone who knew what they went through. So, the center courageously went ahead and installed the service, closely supervised.

Sabine Weber describes how she first talked to a group of therapists about what had and hadn't been helpful for her in therapy and how she received more and more requests to talk to patients of therapists about how she managed to withdraw from the cult she had been subjected to. She then went and actively searched for a counseling institution that would be willing to let her offer this kind of peer-counseling officially.

Weber goes on to outline the general parameters for the counseling she offers to survivors. One of the focal points is the anonymity of her work. Clients don't have to provide their (real, resp. their passport) name or where they live. First contact is usually established through email. Weber herself never initiates any contact during the whole process. Once the survivor feels safe enough, counseling over the telephone is possible but not a must. If they want to, they can also schedule face-to-face sessions.

Reasons for survivors to contact Weber are manifold, some have very specific questions, others have very general concerns. Some are in regular contact over years, others only contact her sporadically.

Webers counseling service at the Trauma Help Center Munich started in 2012. During 2017 Weber counseled 85 people with an average of 13 sessions. Of these 117 were face-to-face, 191 by telephone and 736 by email. Survivors using the service are

mainly from all over Germany but some also from other countries like France, Luxembourg, Austria, Switzerland, and the Netherlands. At first, Weber offered the service completely pro bono because no sponsoring was available. Weber soon started offering training seminars for professional helpers, too, because they increasingly called her with a myriad of questions. By now the service is financed through state funds.

Following is another interview conducted by Claudia Igney with Roshan Heiler and Cathrin Schauer-Kelpin. Here, the authors talk about the field of human sexual trafficking.

Roshan Heiler works for "SOLWODI", an organization helping women being victimized by sexual trafficking and prostitution. Cathrin Schauer-Kelpin works for "KARO e.V", an organization offering social work at the German-Czech border for women, adolescents and children faced with physical, emotional and/or sexual abuse but also for victims of organized and ritual abuse.

Heiler starts off by outlining the way in which our society misjudges the dangers of sexual trafficking, giving the example of the lover-boy-method of grooming teenage girls into prostitution, information which still isn't standard in prevention training.

Schauer-Kelpin gives a practical example of one of the many women she has worked with in her 23 years of social street work with prostitutes at the German-Czech border. In her experience 90% of the women she works with have suffered sexual childhood abuse. Two thirds of the women report a starting age of 13-15 years. Many of the women in prostitution in Germany are from other and poorer countries without knowledge of the German language and slim to none possibilities to search for help and are thus easier to control and exploit. Many of them are trafficked from one city or even from one country to the next, never being registered anywhere. Prostitution is dangerous. Life-threateningly so.

Schauer-Kelpin goes on to describe criteria that may help to recognize sexual trafficking, such as if the person does not know which country or city she is in, lack of language skills of the country she is in, usually very young, always accompanied by another person, isolated without a social net and without health insurance etc. To fight sexual trafficking, Schauer-Kelpin states, we need more specialized street work, low-threshold counseling services, more shelters with trauma-specialized care. She describes the specific shortages within the helping institutions in Germany, and she concludes that a very well interconnected perpetrator network is faced with a very deficient support network for victims of sexual trafficking.

Igney, Schauer-Kelpin and Heiler talk about German laws to convict offenders, highlighting the deficiencies that are closely linked to the German law from 2017 that legalizes prostitution, somewhat ironically called the "prostitutes-protection-law". According to this law prostitutes need to register with the public order office and pay taxes for their work. This makes it harder to convict pimps because prostitution in general is legal. Often women are accompanied to the office to register, are threatened and conditioned to not say anything about their true working conditions.

Schauer-Kelpin goes on to describe the interconnection between sexual trafficking and organized and ritual abuse, citing among others a court case about a childrens brothel in Leipzig, Germany. Two of the then adult victims reported what happened but were dismissed when the perpetrators they accused were police officers. Perpetrator groups of organized and ritual abuse are often well connected and have numerous influential members within their ranks. Most victims report horrific experiences large-scale child pornography and child prostitution, in essence sexual trafficking.

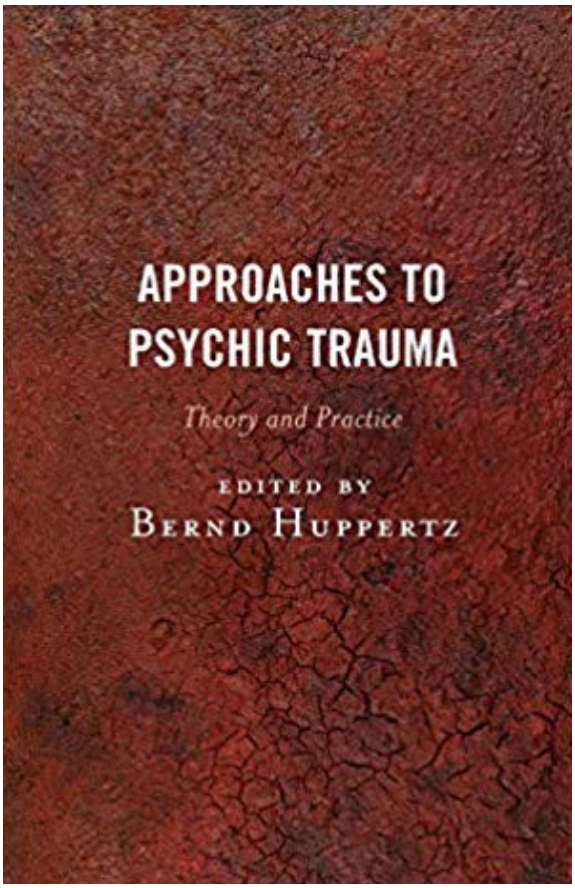
Last but not least the issue is concluded by a practical experience report on using EMDR in the treatment with a deaf PTSD patient by Anna-Konstantina Richter, including a sign language interpreter into the therapy.

All in all, this special issue is highly recommended (for German-reading audiences) as it covers a lot of ground and examines the issue of organized and ritual abuse from a multitude of angles. It is therefore a treasure trove with lots of food for thought and many references to obtain deeper insights into the subject.

Book review by: Sally-Anne Bubbers

Approaches to Psychic Trauma, Theory and Practice

Edited by Bernd Huppertz,
Published in 2019 by Rowman and Littlefield.
ISBN 9781442258143, 500 pp.



Bernd Huppertz, MD, is a physician, psychotherapist (child, adolescent, and adult), psychiatrist, neurologist, and former brain researcher. He has had a private practice in Germany since 1998. He is a member of the American Psychological Association, fellow of the International College of Psychosomatic Medicine, and founder of the Institute for Comparative Psychotherapy. This is the second book he has edited, the first being Psychotherapy in the Wake of War: Discovering Multiple Psychoanalytic Traditions.

The book introduces the reader to the concepts of trauma, causes and symptoms, that can result from a wide range of experiences and their impact on the individual and society.

Topics covered in the book include trauma resulting from the culture and society we live in, specifically the totalitarian states and repressive systems; and social upheaval and the impact on those living in a post-totalitarian society. It looks at the 'everyday' effects of living in a repressive system and the post totalitarian collective False Self.

Writers cover the impact of developmental trauma, historical and intergenerational trauma, the role of cumulative 'micro-trauma', mass trauma and relational trauma, in various guises. It offers insights from various treatment models with related case studies.

My first reaction to this book was one of curiosity because I have drawn much of my learning about trauma from certain sources and this book has many contributors that I have never heard of, although they reference core works with which I am familiar. My biggest problem reviewing the book was the physical size: with 500 pages and weighing 800 grams, it was not easy to pop in my bag for a train journey. Having said that, it is worth persevering. It is a fascinating collection of chapters, from various contributors, interspersed with chapters by Huppertz.

What follows is an attempt to give you a flavour of the content:

The book is divided into 8 sections:
Introduction gives a stark picture of the impact of growing up in a totalitarian state, and I was reminded of the book by Margaret Atwood, The Handmaid's Tale. These were states in which

dogmatic, static, rigid and intolerant external influences can result in the destruction of the individuals sense of self and potency (Sebek).
I was struck by the resonance between the description of the impact of living in such a state with those living in complex family dynamics: how people can sacrifice individual authenticity, for the sake of survival, which results in persecution, adaptation, silence, lying, and pretence which results in loss of identity and the development of the False Self.

Part 1 a general introduction to the history of the concept of trauma
Huppertz starts with the work of Pierre Janet (1859-1947), observing the concept of dissociation, as an attempt to process traumatic, overwhelming experiences, attachment theory and modern neuroscience. Ending with a summary of the phases of trauma and their treatment, he also looks at the resulting stress responses that can present as psychological, behavioural and cognitive responses.

Part 2 dimensions of trauma
Louise Newman, on development and trauma: recapitulation of Traumatic themes in early interaction.

This chapter documents attachment and developmental implications of frightened or frightening care giving, leading to fragmented experience that haunts emerging relationships.
Yolando Gampel, on historical and intergenerational trauma: "radioactive" transmission of the burdens of history – destructive versus creative transmission. Gampel invites us to think about how trauma can radiate using the metaphor of radioactivity, transforming into a 'radioactive core' and about how the unconscious is transnational leading to trauma being transmitted to succeeding generations throughout the world. We have no defence against events taking place at a distance, both in time and place; we can become passive "receivers" (identification) and unconscious radioactive transmitters, leaving "radioactive residue" that can erupt in future generations. Hope lies in the naming and the possibility of transformation through the psychotherapeutic.

Louise Newman, in the reality of horror, and psychic survival in the face of massive trauma.
It links developmental theory from the neurodevelopmental and genetic through to the sociocultural and historical.

Margaret Crastnopol, on the role of cumulative micro-trauma in psychic Life: an abridged description of injurious relational functioning.
It defines 'micro-trauma' as psychic bruises that accumulate invisibly. Oblique onslaughts on another's sense of personal worth, are less obvious in their cumulative destructive quality with the consequence that they are easy to deny. It can be hard to notice the toxic implant and harder to minister to it. Crastnopol cautions that the therapist must be alert to the countertransference while working with micro-trauma.

Pauline Boss. In building resilience: the example of ambiguous loss. The phrase 'ambiguous loss' was coined by the author: a loss that has no closure and thus no resolution. People can be left living with a ruptured relationship caused by a missing person or a loved one becoming psychologically absent or having Alzheimer's. resulting in a complex grief borne out of ambiguity. The goal of therapy is to (1) build resilience to enable life with the ongoing ambiguity instead of pathologizing and to (2) build capacity for 'both/and' thinking eg the person is both gone and still here. (3) Reconstruct identity: Who are you now? am I a widow or still married (4) seek new hope.

Part 3: social psychological aspects of the totalitarian communist system
Bernd Huppertz, on political psychology, effects of historical processes, cultural trauma and social trauma which results in a change within group consciousness.
Bernd Huppertz, on a sociohistorical overview of Germany: the development of the Federal Republic of Germany (GFR) and the German Democratic Republic (GDR)
It looks at the 'everyday' effects of repressive

systems.

Adrian Sutton, on the False Self Which has the job of defending the True Self, against the unthinkable (Winnicott) Marina Mojovic, on totalitarian and Post-totalitarian matrices: Reflective citizens facing social-psychic retreats looks at how totalitarianism seeks to control from within the society and the person by using strategies of forced denial and suppression, scapegoating, divide and rule, will lead to despair, self-hate and passive compliance. Mojovic references the idea of 'psychic retreats' (Britton Grotstein and Steiner) , in which self-organising internal subsystems are actually sub-personalities that both protect and imprison the vital pasts of the self. She expands this to propose Social-psychic retreats that are groups that form unconsciously within society, indirectly disseminating totalitarian patterns or offering protective factors. She encouragingly documents a positive use of applied reflective citizen groups that are able to reveal and transform negative social-psychic retreats, transforming hate into democratic dialogue and matrices.

I like her use of the quote by Leonard Cohen "There is a crack in everything, that's how the light gets in…"

Helena Klimova on a post-totalitarian group: a collective False self or posttraumatic growth. Looking at how it is accepted that trauma can be transmitted through individuals, referencing epigenetics and the work of Rachel Yahuda, she looks at the transmission of trauma in groups. I like Klimova's two steps to overcoming the False Self. Firstly a true image of the external world is discovered and accepted. Secondly, the long-term project of the search for the true image of oneself is embarked on. Klimova reflects that unbelievably totalitarian patterns may start with voluntary elections, creating false collective selves, which accept the rules in the belief that they are creating a 'better world'. Hope is found in the search for meaning, individually and by the group.

Part 4 Clinical material. Here Huppertz gives examples of 8 case studies.

Part 5 Trauma treatment grounded in psychodynamic-psychoanalytic approaches
Here we have 8 chapters looking through various lenses. Anna Balas on a modern Freudian perspective; Mariangela Mendes de Almeida on the Kleinian and Post-Kleinian perspective Adrian Sutton on the Winnicottian perspective.

Joseph Fernando on the concept of Zero Process: An Ego-Psychology perspective. Zero Process structures we defined as past traumatic occurrences that live on as present realities
Sverre Varvin on object relations and modern research.

Koichi Togashi and Amanda Kottler in contemporary self psychology. This framework sees all human beings as potentially traumatized and symptoms as manifestations of the way in which a person has managed to survive in the traumatizing world they inhabit. Therefore, trauma is not a pathology to be cured. This treatment model requires the therapist to become aware of the fact that they too are vulnerable and have been traumatized by the world as well. Then the therapist and client work together in the uncertainty holding the acknowledgment that they could either have been the assailant or victim under different circumstances.

Adrienne Harris on Relational Psychoanalysis: "being-with' or "accompanying" while attending to the bi-personal field, unconscious to unconscious communication, through somatic or affective power, can lead to secondary or vicarious traumatization of the therapist.

Orit Badouk Epstein, on trauma work through the lens of attachment theory. Gaslighting is a phrase used to describe the manipulation of someone by psychological means into questioning their own sanity and distorting their reality. Gaslighting can occur domestically, culturally, interpersonally, via the media and politically. One client quoted experienced this as more traumatic than the abuse she experienced, and she also had to mourn the loss

of the childhood she never had. This sort of trauma can lead to shutting down and dissociating from the shame of not feeling real.

Part 6 Art Therapies
Jaqueline Z Roberts on embodied mentalising or "meaning-making" in music therapy with traumatised children. Sue Jennings on trauma work in play and drama therapy: the importance if the theatre of resilience.

Part 7 other trauma treatment approaches
Nicholas Lorenzini, Chloe Campbell and Peter Fonagy on Mentalization and its Role in processing trauma.
Annette Jackson, Margarita Frederico, Allison Cox and Carlina Black on the treatment of Trauma: the Neurosequential Model and "take two". From the Child Trauma Academy the "take two" outcome framework has four domains, (1) child safety (2) child well-being (3) stability and security and connectedness and (4) family and community support. The NMT interventions include relational, relevant, repetitive, rewarding, rhythmic and respectful.

Part 8 summary and outlook.
Bernd Huppertz writes the Conclusion.

My summary of the advice for the therapist:
Micro-trauma is very real and can be silently blended under other presenting traumas. The therapist can feel the "Helpless helper'. Working with traumatized patients requires humility and patience….we need to attend to our own reactions….not become overly defensive….tolerate the painful role of witness and acknowledge our own emotions…. witnessing is a relational process, letting the client know that you are prepared to hear and believe whatever they tell you. The therapist can become destabilized, a casualty of the process…. after arduous efforts over a long time … hence the interest in secondary and vicarious trauma… the work often involves the therapist in their own analytic work. The traumatic experiences are painfully felt and leave their marks on the body and mind without, however, being inscribed in the mind's life narratives.

I do not think that there is any one modality that 'works' with trauma but that therapists need to be responsive to their clients' individual needs, using compassion and congruence from a grounded awareness of the complex dynamics that can arise. I like Badouk Epstein's idea of 'extras' that we can add into our core trainings eg creative art, sand trays, scents and transitional objects. I would like to comment on the thought that somatic work is complex (Varvin). There are some simple interventions (extras) that can be incorporated into any modality, in such a way that meaning can emerge, and can be reflected on.

Relating to a foreign language
It is interesting that I am able to resonate with much in the book but the language I have learnt to describe client 'symptoms' and experiences is often different. For example, in a chapter by Badouk Epstein, regarding the experience of a client being 'in' a memory from the past, that has no words in the present moment, she finds it helpful to call it a "participatory memory" (Fogel 2002). I would call this a 'triggered non-verbal body memory'.

It is almost as if we are speaking two different languages. I found myself rereading many paragraphs in order to understand fully what the author is saying because of this mismatch of language. There are other experiences and therapeutic interventions which I would view through the polyvagal theory, for example being aware of levels of activation (in client and therapist) and the impact of tone and pitch of voice within the therapeutic encounter. I would describe 'Deactivation' (Bowlby 1980) as either 'hypo-arousal' (Siegel) or Dorsal Vagal state shut down (Porges).

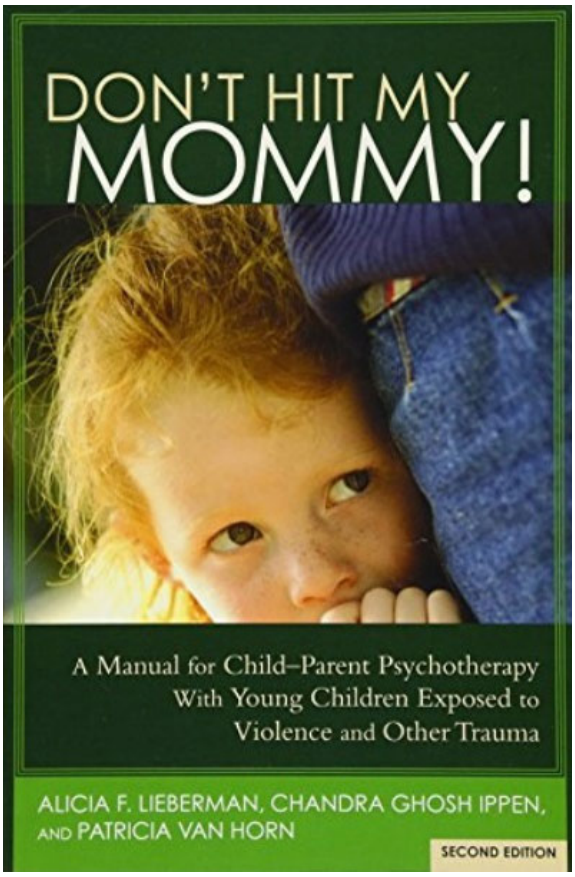
I come from a somatic perspective with experience that trauma survivors often require assistance with the somatic processing. Huppertz acknowledges that he can only reference some of the other models but reading this highlighted the divide between the psychoanalytic/ psychodynamic world and the somatic. I would love to see more cross over between the two.

Book review by: Hazel Leventhal

Don't Hit My Mommy!

A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence

Alicia F. Lieberman and Patricia Van Horn
Published by Zero to Three (2005)
IBSN 978-0-943657-84-4, pp.146



This book is dedicated to Selma Fraiberg, who wrote about the problems of early childhood 60 years ago, and her work has been influential in the authors' approach. They also draw upon the findings of many renowned experts in the field of early life trauma such as Daniel Stern, Allan Schore, Bessel van der Kolk and, of course, John Bowlby. It is a manual on how to treat both parents and children who have been traumatised by witnessing or enduring physical violence. The writers emphasise that it is only a guideline as each case is individual and unique. Their main concern is always for the welfare of the children concerned.

The book is divided into three sections, the first describing a relationship-based treatment model which highlights the importance of relationships in early mental health. They reiterate the main concepts of attachment theory and write that "Children who observe and imitate aggression from an early age are more likely to become aggressive adolescents and adults and to use aggression as a way of coping with stress in intimate relationships" (page 5) and go on to state that "Child-parent psychotherapy has the goal of helping children modulate negative emotions, express feelings in socially acceptable ways, and learn age-appropriate ways of recognizing and respecting the parent's motivations and feelings." (page 5).

They introduce five basic premises about the quality of early relationships and the effects they have on the children involved and point out that "the clinician's efforts to bring about positive change in the parent-child relationship can succeed only if the clinician's interactions with the parent and the child are based on sensitivity, empathy, and respect for their experience." (page 7) as one would hope for in any therapeutic intervention.

Child-parent psychotherapy involves a collaborative agenda between the clinician, the parent (usually the mother) and the child and is dependent upon the attachment-styles of both parent and child and the age of the child, as well as many other variables in the interactions of parent and child. There needs to be a good assessment process and a decision made as to whether the work should be carried out within a contained environment such as an office or day-centre or if it is possible for therapy to be done within the home. There are many factors to consider here as physical violence is an ever-present shadow over proceedings and there has to be due consideration for the safety of the clinician as well

as the abused parent and child. It is essential for the clinician to have supportive supervision and a backup team and the writers recommend regular meetings of the many social services that may be involved in a particular case.

This kind of therapy stretches beyond the usual one-to-one meetings of traditional psychotherapy as the clinician has to be prepared to help and advise the parent on many aspects of daily living that may present huge difficulties. "The parent's cultural values, influenced by race, ethnicity, and socioeconomic circumstances, must be incorporated in the intervention as essential components in building a therapeutic alliance." (page 8)

The authors go on to describe the kind of treatment used and say "For young children, the action often carries more meaning than words, and showing by example or through play may be the most effective way of teaching. Words and actions must be integrated in an effort to bring meaning to difficult moments and to change damaging patterns of response." (page 9) Many parents may see their children's need for attention as yet another strain on their own limited resources due to their upbringing, economic hardship or general family chaos and will need to see the clinician's willingness to acknowledge and understand their view of the world before they can accept the help being offered.That help is then explained and of paramount importance is the establishment of a safe space for the client who may be severely traumatised and unable to recognise the impact that violence within the home has had on the child. "The therapist needs to focus on developing and mobilizing the parent's capacity for self-protection of the child as a cornerstone of the treatment." (page 15)

There may be an unwillingness to acknowledge the level of violence for fear of triggering overwhelming feelings so the clinician needs to act as a safe mediator between the parent and child. They aim to encourage a return to normal behaviour by addressing the multiple issues around arousal whilst trying to restore reciprocity in intimate relationships. The age of the child has to be taken into account and the appropriate interventions for different ages are outlined and explained in detail. There is obviously a deep commitment on the part of the clinicians who do this work, so they may become extremely involved with the family and at times may over-identify with the client. The authors refer to this as "parallel processes" (page 37) and go on to say this is an opportunity for the clinician to show how "to avert violence and protect oneself and one's children." (page 37). They also describe how alternative settings may be used to safeguard the beleaguered families and state "A therapeutic setting can be defined most succinctly as any place where the parent, the child, and the clinician spend time together and interact with each other because any of these settings can offer the opportunity for transformative action." (page 38). They cover the importance of counter-transference reactions and also contra-indications in violent situations.

Section II of the book explores the interventions that may be utilised and clinical vignettes are given to demonstrate various techniques and the differing reactions of clients and children. They show how play is an essential part of child-parent psychotherapy and write that "Play functions differently as a therapeutic modality in child-parent psychotherapy than in individual psychotherapy. Both therapies rely on play to access the child's inner world, but in child-parent psychotherapy, the clinician shares his or her knowledge of that world with the parent." (page 46)

It may be that the client is unable to join in with the child's play or that "the child cannot play with the parent but uses the therapist as a partner in play." (page 47). Parents may not know or understand the importance of play and might feel it isn't 'real therapy' so it is up to the clinician to guide and "help the parent understand that play is the vehicle through which children learn, experiment with their realities, and express their feelings." (page 47)

The examples are given clearly demonstrate how this therapy works and how the child's experiences and feelings are at the forefront, whilst showing

an understanding of the adult's difficulties. Many children have suffered immeasurable losses in their lives through domestic violence and have witnessed and endured so much that this work needs to be undertaken with the utmost delicacy and concern for everyone involved. The writers demonstrate how this can be done in gentle, incremental, non-judgmental ways over time. There are many examples that show how to address a child's genuine and reasonable fears brought about by their terrifying experiences and how the adult can come to understand their child's experience and begin to see things from that child's perspective.
Section II takes up the largest part of the book and covers many aspects of hurtful behaviour on the part of parents. The writers urge that "Clinicians need to cultivate an inner stance where they train themselves to tolerate painful situations and give themselves permission to observe, but without becoming complacent in condoning hurtful actions." (page 72). This section ends with advice on how to finish therapy.

Section III covers case management and when and how to involve child protection services and the possibility of being prepared to go to hearings or court cases.

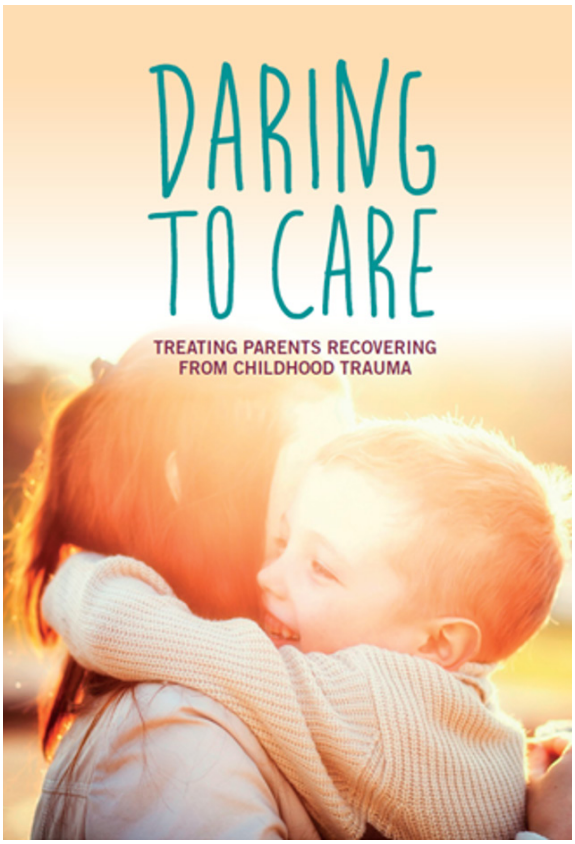
There is a short section IV on items that are essential to child-parent psychotherapy and is basically about good practice and ethical behaviour. It also covers items that are incompatible with child-parent psychotherapy.

I found this book to be highly informative and filled with useful advice. The language is very therapy-oriented but it is written for therapists and counsellors. One is aware that this is an American book and was written in 2005. Services in other countries may differ in a number of ways. It would be wonderful if all services worked together as the writers suggest. I would highly recommend this book for anyone who works with domestic abuse situations or with highly traumatised children and their parents. It is an invaluable guide.

Book review by: Kathy Steele

Daring to Care: Treating Parents Recovering from Childhood Trauma

Rüsmaki, M., Friberg, L., Keskitalo, K., Lampinen, A-M., Mankila, P., & Mänskä, V.
ISBN: 978-952-68637-6-4



Daring to Care: Treating Parents Recovering from Childhood Trauma is a remarkable and powerful and much needed workbook developed by a Finnish team, specifically tailored to parents who were abused as children. It aims to support parents' understanding of their own responses to trauma, as well as help them develop more effective parenting strategies with their children. Parenting can be a monumental task under the best of circumstances: It requires the ability to regulate emotions and impulses under stress; the ability to understand the developmental capacities of children as they grow; the ability to mentalize; the ability to balance the needs of the child while still engaging in self-care, and much more. When parents are themselves traumatized, these capacities often were not sufficiently developed. In addition, their own children may trigger the return of traumatic memories and they may struggle with the many symptoms of trauma, including flashbacks, dissociation, depression, anxiety, sleep problems and many others that can interfere with effective parenting. This gentle, respectful, clear and compassionate workbook takes parents step by step into deeper capacities to care for themselves and their children, breaking the cycle of abuse. It can, and has been quite effectively used in groups, so parents feel less alone and isolated, but also can be used with parents in individual therapeutic settings.

Rüsmaki, M., Friberg, L., Keskitalo, K., Lampinen, A-M., Mankila, P., & Mänskä, V. (2019). Daring to care: Treating parents recovering from childhood trauma. Helsinki, Finland: Trauma Center Finland. The book may be ordered at http://en.traumaterapiakeskus.com/products.html

HOT OFF THE PRESS

By: Winja Buss

Introducing the latest research

Dear Readers, again, here comes the latest research on trauma and dissociation and related fields for your science-hungry brains and hearts... As is true for all research: regard these studies with great care and a critical mind – they deserve it!

Child Abusers Run Rampant as Tech Companies Look the Other Way

Michael H. Keller and Gabriel J.X. Dance

Though platforms bar child sexual abuse imagery on the web, criminals are exploiting gaps. Victims are caught in a living nightmare, confronting images again and again.

[retrieved 19/11/2019]: https://www.nytimes.com/interactive/2019/11/09/us/internet-child-sex-abuse.html?searchResultPosition=1

Aiding the diagnosis of dissociative identity disorder: pattern recognition study of brain biomarkers

Reinders, A. A., Marquand, A. F., Schlumpf, Y. R., Chalavi, S., Vissia, E. M., Nijenhuis, E. R., ... & Veltman, D. J.

Background: A diagnosis of dissociative identity disorder (DID) is controversial and prone to under- and misdiagnosis. From the moment of seeking treatment for symptoms to the time of an accurate diagnosis of DID individuals received an average of four prior other diagnoses and spent 7 years, with reports of up to 12 years, in mental health services.

Aim: To investigate whether data-driven pattern recognition methodologies applied to structural brain images can provide biomarkers to aid DID diagnosis.

Method: Structural brain images of 75 participants were included: 32 female individuals with DID and 43 matched healthy controls. Individuals with DID were recruited from psychiatry and psychotherapy out-patient clinics. Probabilistic pattern classifiers were trained to discriminate cohorts based on measures of brain morphology.

Results: The pattern classifiers were able to accurately discriminate between individuals with DID and healthy controls with high sensitivity (72%) and specificity (74%) on the basis of brain structure. These findings provide evidence for a biological basis for distinguishing between DID-affected and healthy individuals.

Conclusions: We propose a pattern of neuroimaging biomarkers that could be used to inform the identification of individuals with DID from healthy controls at the individual level. This is important and clinically relevant because the DID diagnosis is controversial and individuals with DID are often misdiagnosed. Ultimately, the application of pattern recognition methodologies could prevent unnecessary suffering of individuals with DID because of an earlier accurate diagnosis, which will facilitate faster and targeted interventions.

Reinders, A. A., Marquand, A. F., Schlumpf, Y. R., Chalavi, S., Vissia, E. M., Nijenhuis, E. R., ... & Veltman, D. J. (2019). Aiding the diagnosis of dissociative identity disorder: pattern recognition study of brain biomarkers. The British Journal of Psychiatry, 215(3), 536-544. [retrieved 19/11/2019]: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/aiding-the-diagnosis-of-dissociative-identity-disorder-pattern-recognition-study-of-brain-biomarkers/DCF85A7D69652C06E61524593B266E8C

Unfolding The Genetic Basis of ADHD

Børglum, A., Neale, B., & Franke, B.

Attention Deficit Hyperactivity Disorder (ADHD) is a childhood behavioral disorder affecting 5% of school-age children and 2.5% of adults. The disorder is diagnosed more frequently in males than in females, in particular in children where the diagnosis rate is 3-7 times higher in males compared to females. Results from more than 30 twin studies indicate that the heritability (h^2) of ADHD is 70-80%, and a very recent genome-wide association study (GWAS) of 20,183 ADHD cases and 35,191 controls succeeded in identifying the first 12 genome-wide significant loci based on a large international collaboration anchored at the PGC-ADHD and iPSYCH-Broad consortia. This GWAS also found that the proportion of variance attributable to genome-wide common variants (liability-scale SNP heritability, h_SNP^2) is around 22%. Thus, the h_SNP^2 accounts for between a third and a quarter of the overall h^2, leaving a substantial part of the h^2 unaccounted for, which could potentially be explained in part by rare risk variants contributing to the etiology. Furthermore, analysis of the recent ADHD GWAS data revealed strong genetic correlations with other psychiatric disorders, including autism spectrum disorder and major depression, both showing genetic correlations of 0.3-0.4.

In this symposium, we examine the genetic architecture of ADHD by assessing both the common and rare variant contributions. First, we expand upon the results from the aforementioned GWAS by incorporating additional samples of non-European ancestry to advance locus discovery, improve fine-mapping of the identified loci, and evaluate transferability of ADHD risk prediction across ancestries. Second, we examine the difference in prevalence between males and females using Swedish whole population registry data and Swedish twin data. Third, we report on cross-disorder studies between ADHD and, respectively, autism and major depression, using the largest and newly updated GWAS data from the PGC based studies of these disorders. Fourth, we present results from analyses of rare variants identified by whole exome sequencing of several thousand cases and controls, focusing on the impact on ADHD risk of ultra-rare deleterious variants.

Børglum, A., Neale, B., & Franke, B. (2019). Unfolding The Genetic Basis of ADHD. European Neuropsychopharmacology, 29, S722.
[retrieved 19/11/2019]: https://www.sciencedirect.com/science/article/abs/pii/S0924977X17303152

Adverse Childhood Experiences and Telomere Length: A Look into the Heterogeneity of Findings

Bürgin, D., O'Donovan, A., d'Huart, D., di Gallo, A., Eckert, A., Fegert, J., ... & Boonmann, C.

Background: Adverse childhood experiences (ACEs) have been associated with poor mental and somatic health. Accumulating evidence indicates that accelerated biological aging—indexed by altered telomere-related markers—may contribute to associations between ACEs and negative long-term health outcomes. Telomeres are repeated, non-coding deoxyribonucleic acid (DNA) sequences at the end of chromosomes. Telomeres shorten during repeated cell divisions over time and are being used as a marker of biological aging.

Objectives: The aim of the current paper is to review the literature on the relationship between ACEs and telomere length (TL), with a specific focus on how the heterogeneity of sample and ACEs characteristics lead to varying associations between ACEs and TL.

Methods: Multiple databases were searched for relevant English peer-reviewed articles. Thirty-eight papers were found to be eligible for inclusion in the current review.

Results: Overall, the studies indicated a negative association between ACEs and TL, although many papers presented mixed findings and about a quarter of eligible studies found no association. Studies with smaller sample sizes more often reported significant associations than studies with larger samples. Also, studies reporting on non-clinical and younger samples more often found associations between ACEs and TL compared to studies with clinical and older samples. Reviewing the included studies based on the "Stressor Exposure Characteristics" recently proposed by Epel et al. (2018) revealed a lack of detailed information regarding ACEs characteristics in many studies.

Conclusion: Overall, it is difficult to achieve firm conclusions about associations of ACEs with TL due to the heterogeneity of study and ACE characteristics and the heterogeneity in reported findings. The field would benefit from more detailed descriptions of study samples and measurement of ACEs.

Bürgin, D., O'Donovan, A., d'Huart, D., di Gallo, A., Eckert, A., Fegert, J., ... & Boonmann, C. (2019). Adverse Childhood Experiences and Telomere Length: A Look into the Heterogeneity of Findings. Frontiers in neuroscience, 13, 490. [retrieved 19/11/2019]: https://www.frontiersin.org/articles/10.3389/fnins.2019.00490/abstract

Childhood abuse and psychotic experiences in adulthood: findings from a 35-year longitudinal study

Bell, C. J., Foulds, J. A., Horwood, L. J., Mulder, R. T., & Boden, J. M.

Background: The extent to which exposure to childhood sexual and physical abuse increases the risk of psychotic experiences in adulthood is currently unclear.

Aims: To examine the relationship between childhood sexual and physical abuse and psychotic experiences in adulthood taking into account potential confounding and time-dynamic covariate factors.

Method: Data were from a cohort of 1265 participants studied from birth to 35 years. At ages 18 and 21, cohort members were questioned about childhood sexual and physical abuse. At ages 30 and 35, they were questioned about psychotic experiences (symptoms of abnormal thought and perception). Generalised estimating equation models investigated covariation of the association between abuse exposure and psychotic experiences including potential confounding factors in childhood (socioeconomic disadvantage, adverse family functioning) and time-dynamic covariate factors (mental health, substance use and life stress).

Results: Data were available for 962 participants; 6.3% had been exposed to severe sexual abuse and 6.4% to severe physical abuse in childhood. After adjustment for confounding and time-dynamic covariate factors, those exposed to severe sexual abuse had rates of abnormal thought and abnormal perception symptoms that were 2.25 and 4.08 times higher, respectively than the 'no exposure' group. There were no significant associations between exposure to severe physical abuse and psychotic experiences.

Conclusions: Findings indicate that exposure to severe childhood sexual (but not physical) abuse is independently associated with an increased risk of psychotic experiences in adulthood (particularly symptoms of abnormal perception) and this association could not be fully accounted for by confounding or time-dynamic covariate factors.

Bell, C. J., Foulds, J. A., Horwood, L. J., Mulder, R. T., & Boden, J. M. (2019). Childhood abuse and psychotic experiences in adulthood: findings from a 35-year longitudinal study. The British Journal of Psychiatry, 214(3), 153-158. [retrieved 19/11/2019]: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/childhood-abuse-and-psychotic-experiences-in-adulthood-findings-from-a-35year-longitudinal-study/D37449B92D03A2474BDBC0A3DF70187F

Childhood emotional neglect and oxytocin receptor variants: Association with limbic brain volumes

Womersley, J. S., Hemmings, S. M. J., Ziegler, C., Gutridge, A., Ahmed-Leitao, F., Rosenstein, D., ... & Seedat, S.

Objectives: Childhood emotional neglect (EN) is a predictor for the development of affective disorders. Oxytocin (OXT) may mediate the interplay between EN and changes in stress biological systems, brain development, and mental health outcomes. We investigated, in a cross-sectional study, the associations between EN, (epi)genetic variation in the OXT receptor (OXTR) gene, and amygdalar and hippocampal volumes, two brain regions implicated in emotional processing.

Methods: We recruited 63 Caucasian South African adults (35 women) with and without social anxiety disorder. Childhood EN was assessed using the Childhood Trauma Questionnaire. rs53576 and rs2254298 genotypes, as well as methylation status, was determined using DNA purified from whole blood. Bilateral amygdalar and hippocampal volumes were determined by structural magnetic resonance imaging. The relationships between these variables were investigated using linear regression.

Results: The interaction of the rs2254298 A risk allele and EN was nominally associated with reduced left hippocampal volume. The rs2254298 A risk allele was independently associated with reduced bilateral amygdalar volumes. We found no association between EN, OXTR methylation and amygdalar or hippocampal volumes. The rs53576 GG risk genotype was, however, associated with decreased OXTR methylation.

Womersley, J. S., Hemmings, S. M. J., Ziegler, C., Gutridge, A., Ahmed-Leitao, F., Rosenstein, D., ... & Seedat, S. (2019). Childhood emotional neglect and oxytocin receptor variants: Association with limbic brain volumes. The World Journal of Biological Psychiatry, 1-16. [retrieved 19/11/2019]: https://www.tandfonline.com/doi/abs/10.1080/15622975.2019.1584331

A longitudinal investigation of military sexual trauma and perinatal depression

Gross, G. M., Kroll-Desrosiers, A., & Mattocks, K.

Introduction: Military sexual trauma (MST), which includes sexual harassment or assault while in the military, is prevalent among women Veterans and associated with depression and suicide. Little is known about women Veterans' perinatal mental health, including the potential role of MST. This is the first study to investigate the impact of MST on risk of depression and suicidal ideation (SI) during and after pregnancy. Methods: Bivariate statistical tests between MST harassment and assault, measured by the two standard Veterans Health Administration screening questions, and pre- and postnatal depression and SI, measured by the Edinburgh Postnatal Depression Scale, were examined using longitudinal data from the ongoing Center for Maternal and Infant Outcomes Research in Translation (COMFORT) study. COMFORT includes 620 Veterans interviewed during pregnancy; 452 have been reinterviewed after delivery. Hayes mediation models were employed to examine whether prenatal depression mediated the association between MST and postnatal depression.

Results: MST was associated with higher pre- and postnatal symptoms of depression and SI. Further, prenatal depression mediated the association between MST and postnatal depression (indirect effect [standard error] of harassment on postnatal depression through prenatal depression: 1.11 [0.26], $p<0.001$; indirect effect [standard error] of assault on postnatal depression through prenatal depression: 1.50 [0.35] $p<0.001$), even after controlling for demographic variables and prenatal stress.

Conclusions: Women Veterans who have experienced MST may be at higher risk of perinatal depression and SI. Findings highlight the importance of access to mental health care and trauma-informed obstetrical care for these Veterans.

Gross, G. M., Kroll-Desrosiers, A., & Mattocks, K. (2019). A longitudinal investigation of military sexual trauma and perinatal depression. Journal of Women's Health. [retrieved 19/11/2019]: https://www.liebertpub.com/doi/abs/10.1089/jwh.2018.7628

Does Prenatal Stress Shape Postnatal Resilience? – An Epigenome-Wide Study on Violence and Mental Health in Humans

Serpeloni, F., Radtke, K. M., Hecker, T., Sill, J., Vukojevic, V., Assis, S. G. D., ... & Nätt, D.

Stress during pregnancy widely associates with epigenetic changes and psychiatric problems during childhood. Animal studies, however, show that under specific postnatal conditions prenatal stress may have other, less detrimental consequences for the offspring. Here, we studied mental health and epigenome-wide DNA methylation in saliva following intimate partner violence (IPV) during pregnancy in São Gonçalo, a Brazilian city with high levels of violence. Not surprisingly, mothers exposed to pregnancy IPV expressed elevated depression, PTSD and anxiety symptoms. Children had similar psychiatric problems when they experienced maternal IPV after being born. More surprisingly, when maternal IPV occurred both during (prenatal) and after pregnancy these problems were absent. Following prenatal IPV, genomic sites in genes encoding the glucocorticoid receptor (NR3C1) and its repressor FKBP51 (FKBP5) were among the most differentially methylated and indicated an enhanced ability to terminate hormonal stress responses in prenatally stressed children. These children also showed more DNA methylation in heterochromatin-like regions, which previously has been associated with stress/disease resilience. A similar relationship was seen in prenatally stressed middle-eastern refugees of the same age as the São Gonçalo children but exposed to postnatal war-related violence. While our study is limited in location and sample size, it provides novel insights on how prenatal stress may epigenetically shape resilience in humans, possibly through interactions with the postnatal environment. This translates animal findings and emphasizes the importance to account for population differences when studying how early life gene–environment interactions affects mental health.

Serpeloni, F., Radtke, K. M., Hecker, T., Sill, J., Vukojevic, V., Assis, S. G. D., ... & Nätt, D. (2019). Does Prenatal Stress Shape Postnatal Resilience? – An Epigenome-Wide Study on Violence and Mental Health in Humans. Frontiers in genetics, 10, 269. [retrieved 19/11/2019]: https://www.frontiersin.org/articles/10.3389/fgene.2019.00269/full?utm_source=fweb&utm_medium=nblog&utm_campaign=ba-sci-fgene-prenatal-stress

Exploring the mutual regulation between oxytocin and cortisol as a marker of resilience

Li, Y., Hassett, A. L., & Seng, J. S.

Early trauma can increase the risk for developing posttraumatic stress disorder (PTSD) in adulthood. Early trauma has also been associated with the dysregulation between the hypothalamic-pituitary-adrenal (HPA) and oxytocin systems and may influence the co-regulation between these two systems. But whether the mutual regulation of the two systems represents a sign of resilience and/or mutual dysregulation could be a sign of vulnerability to PTSD and the dissociative subtype of PTSD (PTSD-D) is unknown. The study aims to synthesize and conduct a preliminary test of a conceptual model of the mutual regulation between these two systems as a marker of resilience. We analyzed a pilot data with 22 pregnant women in 3 groups (PTSD only, PTSD-D, and trauma-exposed resilient controls) and repeated measures of plasma oxytocin and cortisol. Oxytocin and cortisol seemed reciprocal in all three groups, but both levels were relatively high in women with PTSD-D and low in those with PTSD compared with controls. This suggests that both hormones in women with PTSD-D and PTSD only are dysregulated, but not lacking in reciprocity.

Li, Y., Hassett, A. L., & Seng, J. S. (2019). Exploring the mutual regulation between oxytocin and cortisol as a marker of resilience. Archives of psychiatric nursing, 33(2), 164-173. [retrieved 19/11/2019]: https://www.sciencedirect.com/science/article/abs/pii/S0883941718300220

Traumatic stress and the autonomic brain-gut connection in development: Polyvagal Theory as an integrative framework for psychosocial and gastrointestinal pathology

Kolacz, J., Kovacic, K. K., & Porges, S. W.

A range of psychiatric disorders such as anxiety, depression, and post-traumatic stress disorder frequently co-occur with functional gastrointestinal (GI) disorders. Risk of these pathologies is particularly high in those with a history of trauma, abuse, and chronic stress. These scientific findings and rising awareness within the healthcare profession give rise to a need for an integrative framework to understand the developmental mechanisms that give rise to these observations. In this paper, we introduce a plausible explanatory framework, based on the Polyvagal Theory (Porges, Psychophysiology, 32, 301–318, 1995; Porges, International Journal of Psychophysiology, 42, 123–146, 2001; Porges, Biological Psychology, 74, 116–143, 2007), which describes how evolution impacted the structure and function of the autonomic nervous system (ANS). The Polyvagal Theory provides organizing principles for understanding the development of adaptive diversity in homeostatic, threat-response, and psychosocial functions that contribute to pathology. Using these principles, we outline possible mechanisms that promote and maintain socioemotional and GI dysfunction and review their implications for therapeutic targets.

Kolacz, J., Kovacic, K. K., & Porges, S. W. (2019). Traumatic stress and the autonomic brain-gut connection in development: Polyvagal Theory as an integrative framework for psychosocial and gastrointestinal pathology. Developmental Psychobiology. [retrieved 19/11/2019]: https://onlinelibrary.wiley.com/doi/full/10.1002/dev.21852

Can fMRI discriminate between deception and false memory? A meta-analytic comparison between deception and false memory studies

Yu, J., Tao, Q., Zhang, R., Chan, C. C., & Lee, T. M.

Previous research has highlighted the potential of fMRI in discriminating between truth and falsehood. However, falsehoods may not necessarily represent a deliberate intention to deceive; they can be a result of false memory too. It is important to show that fMRI can discriminate between deception and false memory, before it can be applied in legal contexts for deception detection. To this end, we performed a meta-analytic comparison of brain activation between deception and false memory. Activation likelihood estimation meta-analyses were conducted separately on 49 deception (61 contrasts; Ntotal = 991) and 28 false memory (32 contrasts; Ntotal = 484) studies. The contrasts obtained from these meta-analyses were entered into subsequent conjunction and contrast analyses. Deception and false memory tasks activated several frontoparietal regions. Both tasks activated the left superior frontal gyrus. Deception, relative to false memory, was associated with increased activation in the right superior temporal gyrus, right insula, left inferior parietal lobule and right superior frontal gyrus. These results provide some evidence to suggest that fMRI can discriminate between deception and false memory.

Yu, J., Tao, Q., Zhang, R., Chan, C. C., & Lee, T. M. (2019). Can fMRI discriminate between deception and false memory? A meta-analytic comparison between deception and false memory studies. Neuroscience & Biobehavioral Reviews. [retrieved 19/11/2019]: https://www.sciencedirect.com/science/article/pii/S0149763419301873

The Interactive Trauma Scale: a web-based measure for children with autism

Hoover, D. W., & Romero, E. M.

This study examined the feasibility, acceptability, and psychometric characteristics of a web-based touchscreen app prototype designed to assess self-reported trauma exposure and symptoms in children with autism spectrum disorder (ASD). The prototype was piloted with 20 clinically referred children previously diagnosed with ASD and having various known trauma exposures. User satisfaction and reported ease of use was high. The measure was sensitive to reports of teasing and bullying, endorsed by 75% and 70% of participants, respectively. Validity was assessed via comparisons with the UCLA Posttraumatic Stress Disorder Reaction Index and analysis of participants' trauma exposures and symptoms. Clinical implications are discussed including issues of trauma screening, diagnosis, and treatment planning for traumatized youth with ASD.

Hoover, D. W., & Romero, E. M. (2019). The Interactive Trauma Scale: a web-based measure for children with autism. Journal of autism and developmental disorders, 49(4), 1686-1692. [retrieved 19/11/2019]: https://link.springer.com/article/10.1007/s10803-018-03864-3

Trauma, Power, and Intimate Relationships Among Women in Prison

McCauley, H. L., Richie, F., Hughes, S., Johnson, J. E., Zlotnick, C., Rosen, R. K., ... & Kuo, C. C.

The present study, which included four focus groups of women (n = 21) in four New England prisons, aimed to understand how power impacted women's relationships, exposure to violence, and health. Women described power in three ways: (a) power as control over their sexuality and their sexual partners, (b) power emerging from emotional strength, and (c) power referring to a process of empowerment. Women's perceptions and experiences of power were informed by their trauma histories and influenced their sexual behavior and health. Our findings provide a framework for considering incarcerated women's experiences of power in trauma-informed interventions for this marginalized population.

McCauley, H. L., Richie, F., Hughes, S., Johnson, J. E., Zlotnick, C., Rosen, R. K., ... & Kuo, C. C. (2019). Trauma, Power, and Intimate Relationships Among Women in Prison. Violence against women, 1077801219842948. [retrieved 19/11/2019]: https://journals.sagepub.com/doi/abs/10.1177/1077801219842948

Addressing childhood trauma in school settings: A framework for evidence-based practice

Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S.

Supporting evidence and intervention resources for addressing childhood trauma are growing, with schools indicated as a potentially critical system for service delivery. Multiple points for prevention and intervention efforts in schools are possible, but in this manuscript, we review evidence on trauma-specific interventions targeted to students exhibiting negative symptoms. Trauma-specific interventions with evidence and utility for school-based delivery are highlighted, along with key considerations in selection. In addition, we discuss the potential to maximize the impact of trauma-specific interventions for individual students when delivered as part of a school-wide trauma-informed approach that incorporates system-level prevention and intervention strategies. Future directions for research on trauma-specific interventions and trauma-informed approaches in school settings are discussed.

Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. School mental health, 11(1), 40-53. [retrieved 19/11/2019]: https://link.springer.com/article/10.1007/s12310-018-9256-5

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Hoover, D. W., & Romero, E. M.

This study examined the feasibility, acceptability, and psychometric characteristics of a web-based touchscreen app prototype designed to assess self-reported trauma exposure and symptoms in children with autism spectrum disorder (ASD). The prototype was piloted with 20 clinically referred children previously diagnosed with ASD and having various known trauma exposures. User satisfaction and reported ease of use was high. The measure was sensitive to reports of teasing and bullying, endorsed by 75% and 70% of participants, respectively. Validity was assessed via comparisons with the UCLA Posttraumatic Stress Disorder Reaction Index and analysis of participants' trauma exposures and symptoms. Clinical implications are discussed including issues of trauma screening, diagnosis, and treatment planning for traumatized youth with ASD.

Hoover, D. W., & Romero, E. M. (2019). The Interactive Trauma Scale: a web-based measure for children with autism. Journal of autism and developmental disorders, 49(4), 1686-1692. [retrieved 19/11/2019]: https://link.springer.com/article/10.1007/s10803-018-03864-3

Trauma, Power, and Intimate Relationships Among Women in Prison

McCauley, H. L., Richie, F., Hughes, S., Johnson, J. E., Zlotnick, C., Rosen, R. K., ... & Kuo, C. C.

The present study, which included four focus groups of women (n = 21) in four New England prisons, aimed to understand how power impacted women's relationships, exposure to violence, and health. Women described power in three ways: (a) power as control over their sexuality and their sexual partners, (b) power emerging from emotional strength, and (c) power referring to a process of empowerment. Women's perceptions and experiences of power were informed by their trauma histories and influenced their sexual behavior and health. Our findings provide a framework for considering incarcerated women's experiences of power in trauma-informed interventions for this marginalized population.

McCauley, H. L., Richie, F., Hughes, S., Johnson, J. E., Zlotnick, C., Rosen, R. K., ... & Kuo, C. C. (2019). Trauma, Power, and Intimate Relationships Among Women in Prison. Violence against women, 1077801219842948. [retrieved 19/11/2019]: https://journals.sagepub.com/doi/abs/10.1177/1077801219842948

Addressing childhood trauma in school settings: A framework for evidence-based practice

Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S.

Supporting evidence and intervention resources for addressing childhood trauma are growing, with schools indicated as a potentially critical system for service delivery. Multiple points for prevention and intervention efforts in schools are possible, but in this manuscript, we review evidence on trauma-specific interventions targeted to students exhibiting negative symptoms. Trauma-specific interventions with evidence and utility for school-based delivery are highlighted, along with key considerations in selection. In addition, we discuss the potential to maximize the impact of trauma-specific interventions for individual students when delivered as part of a school-wide trauma-informed approach that incorporates system-level prevention and intervention strategies. Future directions for research on trauma-specific interventions and trauma-informed approaches in school settings are discussed.

Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. School mental health, 11(1), 40-53. [retrieved 19/11/2019]: https://link.springer.com/article/10.1007/s12310-018-9256-5

DATES FOR YOUR DIARY IN 2019

12–16 March 2020
ISSTD World Congress on Complex Trauma and Dissociation: Envisioning the Coming Decade. San Francisco, USA.
https://annualconference.isst-d.org/

27–28 March 2020
AFTD (Association francophone du trauma et de la dissociation) Conference. In French. Paris, France.
http://www.aftd.eu/

27–29 March 2020
Still face and mirror neurons conference: The neuroscience of psychotherapy. London, UK.
https://uk.international-isc.com/negozio/workshop/london-conference-on-still-face-and-mirror-neurons-the-neuroscience-of-psychotherapy/

21–22 May 2020
International Conference on Child Development and Attachment. London, UK.
https://waset.org/child-development-and-attachment-conference-in-may-2020-in-london

11 July 2020
Trauma Recovery Centre Conference: Complex Trauma and Dissociation. UK.
https://www.trc-uk.org/blog/2019/7/5/trc-conference-2020-complex-trauma-and-dissociation

2–7 August 2020
International Childhood Trauma Conference. Australia.
https://professionals.childhood.org.au/conference/

11–13 September 2020
International Attachment Conference. Ulm, Germany.
https://10times.com/international-attachment-conferenc

25–27 September 2020
Congress Attachment and Trauma: Effective Clinical Interventions and Research. Philadelphia, Pennsylvania.
https://uk.international-isc.com/negozio/workshop/philadelphia-effective-clinical-intervention-and-research-attachment-and-trauma/

PLEASE LET US KNOW ABOUT FUTURE EVENTS IN YOUR COUNTRY!
Send the dates, title, location, speaker(s), language, website and contact information to Dolores Mosquera, doloresmosquera@gmail.com

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